



IN THE UNITED STATES PATENT
AND TRADEMARK OFFICE

In re Application of:
LANG et al.

Atty. Docket
No. TRG-299

Title: Medical Electrode

Serial No.: 10/030,519

Art Unit: 3762

Filed: October 29, 2001

Examiner: Bockelman

Commissioner for Patents
PO Box 1450
Alexandria, VA 22313-1450

AMENDMENT AND RESPONSE

Sir:

This responds to the office action mailed June 16, 2005. Please amend the application as follows:

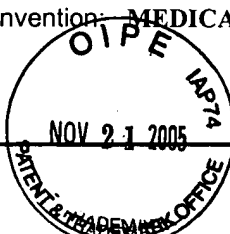
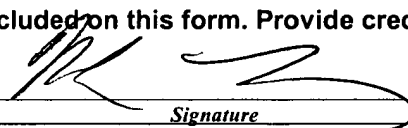

Amendments to the Claims are reflected in the listing of claims, which begins on page 2 of this paper.

Amendments to the Drawings begin on page 6 of this paper and include both an attached replacement sheet and an annotated sheet showing changes.

Remarks begin on page 7 of this paper.

An **Appendix** including amended drawing figures is attached following page 10 of this paper.

Jfw 3762

AMENDMENT TRANSMITTAL LETTER (Small Entity)				Docket No. TRG-299	
Applicant(s): Lang et al.					
Application No. 10/030,519	Filing Date October 29, 2001	Examiner Bockelman, M.	Customer No. 48388	Group Art Unit 3762	Confirmation No. 5973
Invention: MEDICAL ELECTRODE					
 COMMISSIONER FOR PATENTS:					
Transmitted herewith is an amendment in the above-identified application.					
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27					
The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	17 -	20 =	0	x \$25.00	\$0.00
INDEP. CLAIMS	1 -	3 =	0	x \$100.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 12-2147 <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.					
 _____ Signature			Dated: November 16, 2005		
Mark D. Lorusso LORUSSO & ASSOCIATES 15 Rye Street, Suite 312 Portsmouth, NH 03801 Tel.: 603-427-0070 Fax: 603-427-5530 Email: mlorusso@lilplaw.com			I certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on November 16, 2006 _____ (Date)  _____ Signature of Person Mailing Correspondence Mark D. Lorusso _____ Typed or Printed Name of Person Mailing Correspondence		
cc:					